# MEDI-CAL UPDATE

# Outpatient Services Bulletin 350

## Billing and Policy Expanded Access to Primary Care Bulletin 350

December 2003

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.

#### 2004 HCPCS and CPT-4 Codes: Billing Update

The 2004 updates to the *Current Procedural Terminology – 4<sup>th</sup> Edition* (CPT-4) and *Healthcare Common Procedure Coding System* (HCPCS Level II codes) will become effective for Medicare on January 1, 2004. Medi-Cal has not yet adopted the 2004 updates. Do not use the 2004 code updates to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

### **CTP Services Payment Reduction**

Effective for dates of service on or after January 1, 2004, reimbursements for Children's Treatment Program (CTP) services will be reduced by 5 percent. The reductions will remain in effect until further notice.

Although CTP services have been identified as exempt from the 5 percent Medi-Cal reimbursement reduction mandated under the Budget Act of 2003 (Assembly Bill 1762), projected CTP expenditures for the 2003-2004 fiscal year currently exceed revenues. Section 16934.5(b)(3)(c) of the *Welfare and Institutions Code* (W & I) states that the CTP may "...adjust payments for the remainder of the fiscal year to providers on a pro rata basis in order to ensure that expenditures do not exceed available revenues."

In addition, the reduction is consistent with the recent action by Medi-Cal to reduce provider reimbursements by 5 percent (refer to this month's Part 1 *Medi-Cal Update*). As stated in the *CTP Medical Services Policies and Procedures Manual*, "Reimbursement is provided at current Medi-Cal rates. (As Medi-Cal increases or reduces the level of reimbursement, CTP level of reimbursement will also change.)"

#### ICD-9-CM Diagnosis Codes: 2004 Updates

Providers may use the following diagnosis codes for claims with dates of service on or after January 1, 2004. Please refer to the 2004 *International Classification of Diseases*, 9<sup>th</sup> Revision, Clinical Modification, 6<sup>th</sup> Edition (ICD-9-CM) for the description of each diagnosis code.

Please see ICD-9, page 2

ICD-9 (continued)

| Additions |           |           |             |
|-----------|-----------|-----------|-------------|
| 079.82    | 358.01    | 728.88    | V04.81      |
| 255.10    | 414.07 +  | 752.81 *  | V04.82 ††   |
| 255.11    | 458.21    | 752.89    | V04.89      |
| 255.12    | 458.29    | 766.21 †  | V15.87      |
| 255.13    | 480.3     | 766.22 †  | V25.03 ** ‡ |
| 255.14    | 493.81    | 767.11 †  | V43.21      |
| 277.81    | 493.82    | 767.19 †  | V43.22      |
| 277.82    | 517.3     | 779.83 †  | V45.85      |
| 277.83    | 530.20    | 780.93    | V53.90      |
| 277.84    | 530.21    | 780.94    | V53.91      |
| 277.89    | 530.85    | 781.94    | V53.99      |
| 282.41    | 600.00 *  | 785.52    | V54.01      |
| 282.42    | 600.01 *  | 788.63    | V54.02 §    |
| 282.49    | 600.10 *  | 790.21    | V54.09      |
| 282.64    | 600.11 *  | 790.22    | V58.63      |
| 282.68    | 600.20 *  | 790.29    | V58.64      |
| 289.52    | 600.21 *  | 799.81 ‡‡ | V58.65      |
| 289.81    | 600.90 *  | 799.89    | V64.41      |
| 289.82    | 600.91 *  | 850.11    | V64.42      |
| 289.89    | 607.85 *  | 850.12    | V64.43      |
| 331.11 §§ | 674.50 ** | 959.11    | V65.11 ** ‡ |
| 331.19    | 674.51 ** | 959.12    | V65.19      |
| 331.82    | 674.52 ** | 959.13 *  | V65.46      |
| 348.30    | 674.53 ** | 959.14    | E928.4      |
| 348.31    | 674.54 ** | 959.19    | E928.5      |
| 348.39    | 719.7     | 996.57    |             |
| 358.00    | 728.87    | V01.82    |             |

- \* Restricted to males
- \*\* Restricted to females
- † Restricted to ages 0 thru 1 years
- †† Restricted to ages 0 thru 3 years
- Restricted to ages 0 thru 21 years
- §§ Restricted to ages 0 thru 50 years
- ‡ Restricted to ages 5 thru 70 years
- ‡‡ Restricted to ages 10 thru 99 years
- + Restricted to ages 40 thru 99 years

#### Revisions

The descriptions for the following ICD-9-CM diagnosis codes are revised: 282.60, 282.61, 282.62, 282.63, 282.69, 414.06, 491.20, 491.21, 493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.90, 493.92, V06.1 and V06.5.

#### Inactive

Effective for dates of service on or after January 1, 2004, the following ICD-9-CM diagnosis codes are inactive and no longer reimbursable: 255.1, 277.8, 282.4, 289.8, 331.1, 348.3, 358.0, 458.2, 530.2, 600.0, 600.1, 600.2, 600.9, 719.70, 719.75, 719.76, 719.77, 719.78, 719.79, 752.8, 766.2, 767.1, 790.2, 799.8, 850.1, 959.1, V04.8, V43.2, V53.9, V54.0, V64.4 and V65.1.